

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	15/05/2023 18:20 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/05/2023 19:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LOWER DELTA ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC6797P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SKO LIMOUSINE SERVICES
Company Reg No .....	5XXXX944M
Email Address .....	skolimousine@gmail.com
Mobile Phone No .....	(Phone) +65-98215057
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00009722200

### DRIVER

Name of Driver .....	ONG ZEMING
NRIC No .....	SXXXX765E
Date Of Birth .....	11/06/1987
Occupation .....	Outdoor

Date Of Driving Pass .....	11/04/2013
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98215057
Alt. Phone Number .....	-
Email Address .....	ongzeming@gmail.com
Address .....	APT BLK 117 BEDOK NORTH ROAD
Address complement .....	# 08-229
Postcode .....	460117
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230513/2041  
 \* THERE ARE 7 PASSENGERS ON THE VEHICLE.  
 \*DETAILS OF PASSENGERS IS UNAVAILABLE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SME9612U
Vehicle Manufacturer .....	Honda

Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LAM HAI MUN
NRIC No .....	SXXXX800H
Contact Number .....	(Phone) +65-90024937
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ONG ZEMING
Gender .....	Male
Phone No .....	(Phone) +65-98215057
Address .....	APT BLK 117 BEDOK NORTH ROAD
Address Complement .....	# 08-229
Post Code .....	460117
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK -GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	PC6797P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**IMPORTANT NOTICE**

**SKETCH PLAN**

1. Please ~~report~~ report correctly the details of the accident to speed up the claims process.
2. This ~~Form~~ must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to renege policy liability.
4. The ~~insurance~~ acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~else~~ reporting may be referred to the Traffic Police Department for investigation.
6. This ~~report~~ will be forwarded by the Insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the ~~submission~~ lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

15/05/2023

Sketch Plan

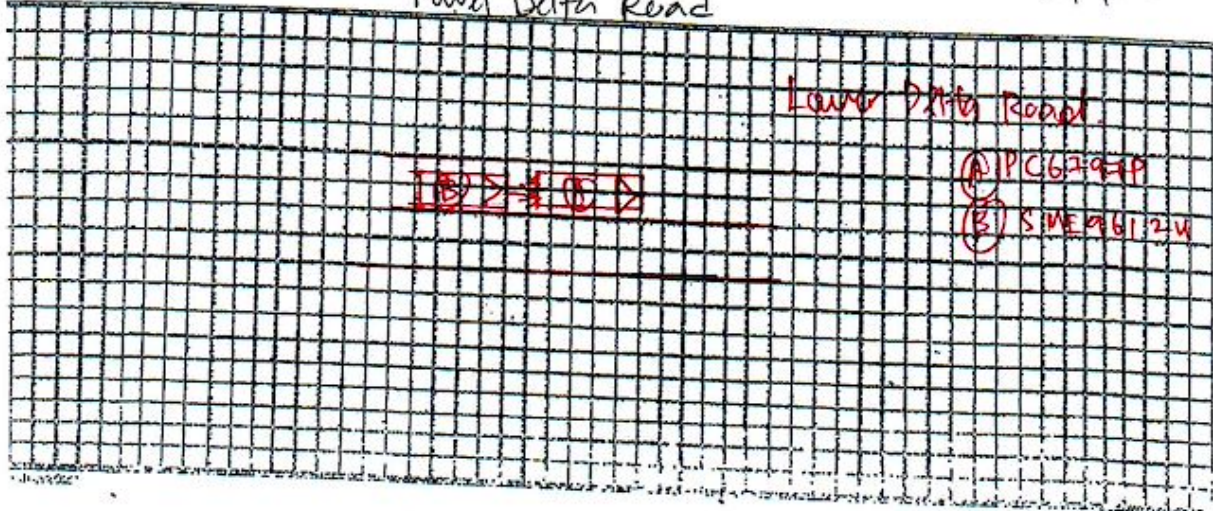
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

15/05/2023

Lower Delta Road

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

15/05/23





Describe Circumstance of the Accident

Pls Refer to Police Report T/20220513/2041

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

15/05/2023

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time 15/05/2023

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

15/5/23



**SINGAPORE  
POLICE FORCE**



T/20230513/2041

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20230513/2041

**CONTINUATION OF REPORT**

Driver			
Name	ONG ZEMING	ID No.	S8743765E
Related Vehicle	PC6797P (Bus/Coach/Minibus)	Contact No.	98215057
Hospital/Clinic	SATA Commhealth Medical Centre	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	13/05/2023	Date Discharge	13/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 12/05/2023, at about 7.41pm, I was driving my mini-bus one white in color Toyota Hiace bearing plate number PC6797P along Lower Delta Rd near to block 106 Jln Bukit Merah.

I was driving along the said road and the traffic during the time was heavy as such it was a slow moving traffic. I was focusing on the traffic ahead of me as it was moving very slowly. As the traffic in front of me started to move, I was also about to move my vehicle when I felt an impact coming from the rear of my vehicle. The impact caused my vehicle to surge forward. That is when I realize that a Silver in color Honda Vezel bearing plate number SME9612U had hit onto my vehicle. I made a check on my passengers and no one was injured as such I stepped out of my vehicle. During the time there were 7 passengers in my vehicle.

I made a check on my vehicle and there was a dent on the rear bumper of my vehicle. The rear door of my vehicle was also unable to be opened. I exchange particulars with the other driver before leaving.

After the incident, I felt pain on the back of my neck and my back as such I went to seek medical assistance. I was given 5 days of MC.

I have an in car camera installed on the front and rear of my vehicle. I have a footage of the incident. That is all.









































**SINGAPORE  
POLICE FORCE**



T/20230513/2041

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20230513/2041

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2023 12:37	Vide Report No.:	Station Diary No.: 27
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#### Informant's Particulars

Name of Informant: ONG ZEMING	Address: APT BLK 117 BEDOK NORTH ROAD #08-229 SINGAPORE 460117		
ID Type / ID No.: NRIC NO / S8743765E	Contact No.: Home/Office:                      Mobile: 98215057		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 35	Date of Birth: 11/06/1987	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: self employed	Driving Licence Information: Class: 2B,3,4,5                      Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2023 19:40	Type of Location: Straight Road
Location:  LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC6797P	Bus/Coach/Minibus				Slightly Damaged	7
SME9612U	Car				Slightly Damaged	0

#### Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL                      Use of Pedestrian Crossing: NA



**SINGAPORE  
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T/20230513/2041

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Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20230513/2041

**CONTINUATION OF REPORT**

Driver			
Name	ONG ZEMING	ID No.	S8743765E
Related Vehicle	PC6797P (Bus/Coach/Minibus)	Contact No.	98215057
Hospital/Clinic	SATA Commhealth Medical Centre	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
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No. of Days granted Medical Leave	05	Degree of Injury	Slight

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POLICE FORCE**



T/20230513/2041

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

3 of 3

Report No. T/20230513/2041

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 3 KHAIRUL ILYAS BIN  
ISHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/05/2023 12:37

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168